

Practitioner's Docket No. ARC 2865R3

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

1616
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PATENT
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TECH CENTER 1600/2900

In re application of: Geerke, Johan H. ; Stone, Steven F.

Application No.: 09/324,343

Group No.: 1616

Filed: 06/02/1999

Examiner: Sharareh, S.

For: Methods and Apparatus for Determining Formulation Orientation of Multi-Layered Pharmaceutical Dosage Forms

Assistant Commissioner for Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.
Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$890.00

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CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

FACSIMILE

- ☐ transmitted by facsimile to the Patent and Trademark Office.

Date: 6 December 2000

Katrina M. Ghafghaichi
Signature

Katrina M. Ghafghaichi
(type or print name of person certifying)

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

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	(Col.1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee
Total	14	Minus	31	= 0	x \$18 =	\$0
Indep.	9	Minus	18	= 0	x \$80 =	\$0
First Presentation of Multiple Dependent Claim					+ \$270 =	\$0
Total					Addit. Fee	\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

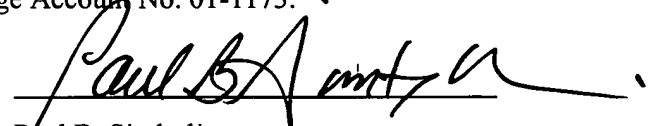
No additional fee for claims is required.

FEE PAYMENT

5. Charge Account No. 01-1173 the sum of \$890.00. A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. If any additional extension and/or fee is required, charge Account No. 01-1173.
 If any additional fee for claims is required, charge Account No. 01-1173.



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